WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

37405

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 10145

Township ..... Primary Registration District No. 1003 Registered No. .....

City St. Louis Mo. (No. 1119 Montgomery St. St. ..... Ward)

2. FULL NAME William Samuel Gray

(a) Residence. No. 1119 Montgomery St. St., 26 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 12 - 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	56	3	21	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Night Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pennsylvania
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Samuel Gray

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Penn.

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Penn.

14. INFORMANT Susie Gray
(Address) 1119 Montgomery St.

15. FILED NOV - 1 1930 19 Max C. Hartlow
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 2nd 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1928, to Nov 2, 1930 that I last saw him alive on Nov 2, 1930, and that death occurred, on the date stated above, at 9:45 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chr Valvular Heart Disease (Mitral Regurgitation)

92 A
109 A (duration) 5? yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Bronchopneumonia (duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Lab

(Signed) F C Isselbrueggle, M. D

11-3, 1930 (Address) 3945 N 11 St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Valhalla	Nov. 5 1930
20. UNDERTAKER	ADDRESS 1419
Hy Leidner Und Co	N. Market